

Revenue Division | Finance Department 39550 Liberty Street | PO BOX 5006, Fremont CA 94538 510-494-4790 ph | 510-494-4754 fax | businesstax@fremont.gov_email

Must Be Validated

SUBCONTRACTOR BUSINESS TAX STATUS SHEET

General Contractor's Name:		
Job Address:	Bldg. Permit No.	

JOD Au	aress:	Bidg. Permit No						
License Class	Specialty Class	Business Name	Address & Telephone No.	State Contractor's License No.	Fremont Business Tax No.	Expiration Date		
N/A	Architect / Designer Drafter							
N/A	Engineer / Project Consultant							
N/A	Permit Expediter							
А	General Engineering							
B-1	General Contractor							
C-2	Insulation / Acoustical							
C-4	Boiler / Water Heater							
C-5	Framing / Rough Carpentry							
C-6	Cabinet, Millwork / Finish Carpentry							
C-7	Low Voltage Systems							
C-8	Concrete							
C-9	Drywall							
C-10	Electrical							
C-11	Elevator							
C-12	Earthwork & Paving							
C-13	Fencing							
C-15	Flooring & Floor Covering							
C-16	Fire Protection							
C-17	Glazing							
C-20	Heating / Vent / Air-Cond							
C-21	Bldg. Moving / Demo							
C-22	Asbestos Abatement							

Job Address:			Bldg. Permit	Bldg. Permit No		
License Class	Specialty Class	Business Name	Address & Telephone No.	State Contractor's License No.	Fremont Business Tax No.	Expiratio Date
C-23	Ornamental Metal					
C-27	Landscape					
C-29	Masonry					
C-32	Parking & Highway Improvement					
C-33	Painting / Decorating					
C-34	Pipeline					
C-35	Lathing / Plastering					
C-36	Plumbing					
C-38	Refrigeration					
C-39	Roofing					
C-42	Sanitation System					
C-43	Sheet Metal					
C-45	Sign					
C-46	Solar					
C-47	Gen. Mfg. Housing					
C-50	Reinforcing Steel					
C-51	Structural Steel					
C-53	Swimming Pool					
C-54	Tile					
C-55	Water Conditioning					
C-60	Welding					
C-61	Limited Specialty					
			uthorized until this form has been comple t CA 94538; Fax: 510-494-4754 / email: <u>bu</u>			venue
Prepare	ed by: Print Name		 Signature			
	ss Name:		Official Use Only: Reviewed		Date:	